

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Plans

Memorandum No: 05-42 MAA
Issued: July 1, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Enteral Nutrition: Product List Changes, Delay of Implementation Date, and Correction to Billing Instructions

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) is adopting new names for certain products listed in the Product List of the *Enteral Nutrition Billing Instructions*. MAA is also making a correction to the HCFA-1500 claim form instructions. These changes are listed in this memorandum.

Product List Updates

Nestle™ has changed some of the names of its products. See the table below for details. **Effective for dates of service on and after July 1, 2005**, MAA has updated the Product List in the current *Enteral Nutrition Billing Instructions* to reflect these name changes.

Old Product Name	New Product Name
NuBasics (with or without fiber)	Carnation Instant Breakfast Lactose Free
NuBasics 2.0	Carnation Instant Breakfast Junior
NuBasics Bar	Carnation Instant Breakfast Lactose Free Plus
NuBasics Fruit Beverage	Carnation Instant Breakfast Lactose Free VHC
NuBasics Plus	NutriHeal
NuBasics VHP	Additions

Delay of Implementation Date

MAA is moving the implementation date of the new *Enteral Nutrition Billing Instructions* from July 1 to October 1 to give providers more time to become familiar with the changes. **Effective for dates of service on and after July 1, 2005**, you may use the expedited prior authorization (EPA) codes found in the October 2005 *Enteral Nutrition Billing Instructions* for clients who meet the criteria.

Corrections to the Billing Instructions – Page Replacements

Effective for dates of service on and after July 1, 2005, MAA is correcting a minor error in the HCFA-1500 claim form instructions on page M.3 of the *Enteral Nutrition Billing Instructions*. The instructions incorrectly stated that providers needed to enter the MAA 7-digit certified dietitian provider number in field 17a for clients 17 years of age or younger. This text has been removed from page M.3.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable).

Billing Instructions Replacement Pages

Attached are replacement pages H.1-H.8, M.3-M.4, and the front and inside cover for MAA's current *Enteral Nutrition Billing Instructions*.

MAA's Provider Issuances

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Medical Assistance Administration



Enteral Nutrition

Billing Instructions

Chapter 388-554 WAC

**New Implementation date
October 1, 2005**

About this publication

This publication supersedes any other versions of MAA's *Medical Nutrition Billing Instructions and Numbered Memoranda* 00-64 MAA, 03-49 MAA, 03-68 MAA, 04-14 MAA, and 04-54 MAA.

Related programs have their own billing instructions. Services and/or equipment related to any of the programs listed below must be billed using their respective billing instructions:

- Home Health Services
- Hospice Agency Services
- Medical Nutrition Therapy
- Prescription Drug Program

Published by the Medical Assistance Administration
Washington State Department of Social and Health Services

Implemented: October 2005

Where do I get copies of other billing instructions?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Product List

Providers must use the applicable HCPCS codes for all enteral nutritional claims. **Please note: The appropriate modifier must be used (see page G.1). MAA periodically makes changes to the product list. Visit MAA's web site regularly to view updates.**

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Additions Updated	B4155	100 cal	\$0.89
Advera	B4154	100 cal	\$1.60
Alimentum Protein Hydrolysate Formula with Iron	B4161	100 cal	\$2.97
AlitraQ	B4153	100 cal	\$2.97
Amino-Aid	B4154	100 cal	\$1.60
Boost (with or without fiber)	B4150	100 cal	\$0.92
Boost HP	B4150	100 cal	\$0.92
Boost Plus	B4152	100 cal	\$0.62
Calcilco XD Pwd	B4162	100 cal	\$1.60
Carnation Alsoy	B4150	100 cal	\$0.92
Carnation Follow-up	B4150	100 cal	\$0.92
Carnation Good Start	B4150	100 cal	\$0.92
Carnation Instant Breakfast Junior	B4152	100 cal	\$0.62
Carnation Instant Breakfast Lactose Free	B4150	100 cal	\$0.92
Carnation Instant Breakfast Lactose Free Plus	B4152	100 cal	\$0.62
Carnation Instant Breakfast Lactose Free VHC	B4152	100 cal	\$0.62
Casec	B4155	100 cal	\$0.89
Choice DM	B4154	100 cal	\$1.60
Choice DM Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Compleat Modified	B4149	100 cal	\$0.94
Compleat Pediatric	B4149	100 cal	\$0.94
Comply	B4152	100 cal	\$0.62
Criticare HN	B4153	100 cal	\$2.97
Crucial	B4153	100 cal	\$2.97
Cyclinex 1	B4162	100 cal	\$1.60

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Cyclinex 2	B4162	100 cal	\$1.60
Deliver 2.0	B4152	100 cal	\$0.62
Diabetisource	B4154	100 cal	\$1.60
Diabetisource AC	B4154	100 cal	\$1.60
Duocal	B4155	100 cal	\$0.89
Elecare	B4161	100 cal	\$2.97
Enfacare	B4160	100 cal	\$0.62
Enfamil	B4158	100 cal	\$0.92
Enfamil 22	B4150	100 cal	\$0.92
Enfamil AR	B4158	100 cal	\$0.92
Enfamil LactoFree	B4158	100 cal	\$0.92
Enfamil Next Step	B4158	100 cal	\$0.92
Ensure (with or without fiber)	B4150	100 cal	\$0.92
Ensure Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Ensure High Protein	B4150	100 cal	\$0.92
Ensure Plus	B4152	100 cal	\$0.62
Ensure Plus HN	B4152	100 cal	\$0.62
FAA (Free Amino Acid Diet)	B4153	100 cal	\$2.97
FiberSource	B4150	100 cal	\$0.92
FiberSource HN	B4150	100 cal	\$0.92
GA 1 and 2	B4153	100 cal	\$2.97
Generic/Store Brand Formula	B4150	100 cal	\$0.92
<i>Note: Providers may bill for generic or store brand products only when the content of the product is the same as Ensure, Boost, or NuBasics.</i>			
Glucerna	B4154	100 cal	\$1.60
Glucerna Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Glucerna Shake	B4154	100 cal	\$1.60
Glutarex 1	B4162	100 cal	\$1.60
Glutarex 2	B4162	100 cal	\$1.60
Glutasorb	B4153	100 cal	\$2.97

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Glytrol	B4158	100 cal	\$0.92
HCY 1 and 2	B4162	100 cal	\$1.60
Hepatic-Aid	B4154	100 cal	\$1.60
Hominex 1	B4162	100 cal	\$1.60
Hominex 2	B4162	100 cal	\$1.60
Immun-Aid	B4154	100 cal	\$1.60
Immunocal	B4155	100 cal	\$0.89
Impact 1.5	B4154	100 cal	\$1.60
Impact (with or without fiber)	B4154	100 cal	\$1.60
Impact Glutamine	B4153	100 cal	\$2.97
Impact Recover	B4154	100 cal	\$1.60
Isocal	B4150	100 cal	\$0.92
Isocal HN	B4150	100 cal	\$0.92
Isocal HN Plus	B4150	100 cal	\$0.92
Isomil	B4159	100 cal	\$0.92
Isomil DF	B4150	100 cal	\$0.92
Isosource 1.5	B4152	100 cal	\$0.62
Isosource	B4150	100 cal	\$0.92
Isosource HN	B4150	100 cal	\$0.92
Isosource VHN	B4154	100 cal	\$1.60
Isotein HN	B4153	100 cal	\$2.97
Jevity	B4150	100 cal	\$0.92
Jevity Plus	B4150	100 cal	\$0.92
Juven (with arginine, glutamine and HMB)	B4155	100 cal	\$0.89
KetoCal	B4154	100 cal	\$1.60
Ketonex 1	B4162	100 cal	\$1.60
Ketonex 2	B4162	100 cal	\$1.60
Kindercal	B4158	100 cal	\$0.92
Kindercal TF w/fiber	B4150	100 cal	\$0.92
Lipisorb Liquid	B4154	100 cal	\$1.60
L-Emental	B4153	100 cal	\$2.97
L-Emental Hepatic	B4154	100 cal	\$1.60
Magnacal Renal	B4154	100 cal	\$1.60

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
MCT Oil	B4155	100 cal	\$0.89
Microlipids	B4155	100 cal	\$0.89
Modulen IBD	B4154	100 cal	\$1.60
MSUD Diet Powder	B4162	100 cal	\$1.60
Neocate	B4161	100 cal	\$2.97
Neocate One Plus	B4161	100 cal	\$2.97
NeoSure	B4160	100 cal	\$0.62
Nepro	B4154	100 cal	\$1.60
Novasource 2.0	B4152	100 cal	\$0.62
Novasource Renal	B4154	100 cal	\$1.60
Novasource Pulmonary	B4154	100 cal	\$1.60
Nutramigen	B4161	100 cal	\$2.97
Nutren 1.0 (with or without fiber)	B4150	100 cal	\$0.92
Nutren 1.5	B4152	100 cal	\$0.62
Nutren 2.0	B4152	100 cal	\$0.62
Nutren Junior (with or without fiber)	B4158	100 cal	\$0.92
NutriHeal Updated	B4150	100 cal	\$0.92
Nutrihep	B4154	100 cal	\$1.60
Nutrirenal	B4154	100 cal	\$1.60
Nutrivent	B4154	100 cal	\$1.60
Optimental	B4153	100 cal	\$2.97
OS 1 and 2	B4154	100 cal	\$1.60
Osmolite	B4150	100 cal	\$0.92
Osmolite HN	B4150	100 cal	\$0.92
Osmolite HN Plus	B4150	100 cal	\$0.92
Pediasure (with or without fiber)	B4158	100 cal	\$0.92
Pediatric Peptinex DT (with or without fiber)	B4161	100 cal	\$2.97
Peptamen	B4153	100 cal	\$2.97
Peptamen 1.5	B4153	100 cal	\$2.97
Peptamen with Prebio 1	B4161	100 cal	\$2.97
Peptamen Junior	B4161	100 cal	\$2.97
Peptamen VHP	B4153	100 cal	\$2.97
Peptinex DT	B4161	100 cal	\$2.97

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Perative	B4153	100 cal	\$2.97
PFD2	B4155	100 cal	\$0.89
Phenex 1	B4162	100 cal	\$1.60
Phenex 2	B4162	100 cal	\$1.60
PhenylAde Amino Acid Blend	B4155	100 cal	\$0.89
PhenylAde MTE	B4155	100 cal	\$0.89
Phenyl-Free	B4162	100 cal	\$1.60
Phenyl-Free 2	B4162	100 cal	\$1.60
Phenyl-Free HP2	B4162	100 cal	\$1.60
Polycose Liquid	B4155	100 cal	\$0.89
Polycose Powder	B4155	100 cal	\$0.89
Portagen	B4158	100 cal	\$0.92
Pregestimil	B4161	100 cal	\$2.97
Probalance	B4150	100 cal	\$0.92
Pro-Cel	B4155	100 cal	\$0.89
Promod	B4155	100 cal	\$0.89
Promote (with or without fiber)	B4150	100 cal	\$0.92
Pro-Peptide	B4153	100 cal	\$2.97
Pro-Peptide VHN	B4153	100 cal	\$2.97
Pro-Peptide for Kids	B4161	100 cal	\$2.97
ProPhree	B4155	100 cal	\$0.89
Propimex 1	B4162	100 cal	\$1.60
Propimex 2	B4162	100 cal	\$1.60
ProSobee	B4159	100 cal	\$0.92
ProSure	B4150	100 cal	\$0.92
Protein Eight Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
ProViMin	B4155	100 cal	\$0.89
Pulmocare	B4154	100 cal	\$1.60
RCF	B4155	100 cal	\$0.89
Reabilan	B4154	100 cal	\$1.60
Reabilan HN	B4153	100 cal	\$2.97

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Regain Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Renal Cal	B4154	100 cal	\$1.60
Replete (with or without fiber)	B4150	100 cal	\$0.92
Resource	B4150	100 cal	\$0.92
Resource Arginaid	B4155	100 cal	\$0.89
Resource Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Resource Benecalorie	B4154	100 cal	\$1.60
Resource Beneprotein	B4155	100 cal	\$0.89
Resource Diabetic	B4154	100 cal	\$1.60
Resource GlutaSolve	B4155	100 cal	\$0.89
Resource Just for Kids	B4160	100 cal	\$0.62
Resource Plus	B4152	100 cal	\$0.62
Resource ThickenUp	B4100	1 pwd oz	\$0.56
Respalor	B4154	100 cal	\$1.60
SandoSource Peptide	B4154	100 cal	\$1.60
Similac	B4150	100 cal	\$0.92
Similac HMF (PA Required)	B9998	1 packet	Submit Invoice
Similac PM 60/40	B4154	100 cal	\$1.60
SimplyThick (PA Required)	B9998	1 oz	Submit Invoice
Subdue	B4153	100 cal	\$2.97
Suplena	B4154	100 cal	\$1.60
Thick & Easy	B4100	1 pwd oz	\$0.56
Thick-It	B4100	1 pwd oz	\$0.56
Tolorex	B4153	100 cal	\$2.97
TraumaCal	B4154	100 cal	\$1.60
TwoCal HN	B4152	100 cal	\$0.62
Tyrex 2	B4162	100 cal	\$1.60
Tyros 2	B4162	100 cal	\$1.60
UCD 1 and 2	B4154	100 cal	\$1.60

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Ultracal	B4150	100 cal	\$0.92
Ultracal HN Plus	B4150	100 cal	\$0.92
Upcal D	B4155	100 cal	\$0.89
Vital HN	B4153	100 cal	\$2.97
Vivonex Pediatric	B4161	100 cal	\$2.97
Vivonex Plus	B4153	100 cal	\$2.97
Vivonex TEN	B4153	100 cal	\$2.97

Fiber/Electrolyte Hydration Products

Fiber and electrolyte hydration products are covered on a limited basis through MAA's Prescription Drug Program. Refer to MAA's current *Prescription Drug Program Billing Instructions*.

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- 9c.** Enter the other insured's employer's name or school name.
- 9d.** Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, and Medicare, etc., are *inappropriate* entries for this field.

- 10.** ***Is Patient's Condition Related to:*** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. Indicate the name of the coverage source in *field 10d* (L&I, name of insurance company, etc.).
- 11.** ***Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:*** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payor of last resort.
- 11a.** ***Insured's Date of Birth:*** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b.** ***Employer's Name or School Name:*** Primary insurance. When applicable, enter the insured's employer's name or school name.

- 11c.** ***Insurance Plan Name or Program Name:*** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d.** ***Is There Another Health Benefit Plan?:*** Required if the client has secondary insurance. Indicate *yes* or *no*. If *yes*, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. If **11d.** is left blank, the claim could be processed and denied in error.
- 17.** ***Name of Referring Physician or Other Source:*** When applicable, enter the referring physician or Primary Care Case Manager name. This field *must* be completed for consultations, or for referred laboratory or radiology services (or any other services indicated in your billing instructions as requiring a referral source).
- 17a.** ***I.D. Number of Referring Physician:*** Required.
- 19.** ***Reserved For Local Use:*** When applicable, enter indicator **B** to indicate *Baby on Parent's PIC*. (Please specify twin A or B, triplet A, B, or C here.) **If you have more than one EPA number to bill, place both numbers here.**
- 21.** ***Diagnosis or Nature of Illness or Injury:*** When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4.

22. Medicaid Resubmission: When applicable. If this billing is being submitted beyond the 365-day billing time limit, enter the ICN that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

24. Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., May 4, 2005 = 050405).

24B. Place of Service: Required. These are the only appropriate code(s) for Washington State Medicaid:

<u>Code Number</u>	<u>To Be Used For</u>
12	Client's residence
13	Assisted living facility
14	Group home
31	Skilled nursing facility
32	Nursing facility

24C. Type of Service: Not Required.

24D. Procedures, Services or Supplies CPT/HCPCS: Required. Enter the appropriate HCFA Common Procedure Coding System (HCPCS) procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.

24E. Diagnosis Code: Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM.

24F. \$ Charges: Required. Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.

24G. Days or Units: Required. For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.

25. Federal Tax I.D. Number: Leave this field blank.